

MEMORANDUM

EL
NBS
FA
DR

DATE: April 13, 1990
TO: DWPC / CAS
FROM: Adolfo Gonzalez, DWPC -- Region 2
SUBJECT: Deficiency Report on LTV Steel
NPDES No. IL0002593 Inspection Date: Feb 15, 1990

Letter
to RC
7-16-90

to RC
7-16-90

Description of apparent NPDES violations

- Non for reporting period Jan-Dec '89
in out fall

EPA Region 5 Records Ctr.



307717

Description of O & M Deficiencies

- oil leak from water dam to River
from Republic Engineered Steel section
of LTV

RECEIVED
Compliance Assurance Section
APR 17 1990
Environmental Protection Agency
STATE OF ILLINOIS

Initial Action Recommendation:

Should CIL be sent? No Immediately _____
Should CIL be held pending lab results? _____
Can phone call resolve problems? _____

Additional comments:

- Republic Engineered Steel has addressed above leak
- Republic Engineered Steel needs to obtain NPDES permit
for outfall 001,002

Follow up action:

Comments on Discharger Action: _____

Final Action Recommendation: _____

Action Decision: _____

JF:mgg618b/sp/2

WPC 245 12/79

COMPLIANCE SAMPLING INSPECTION

LTV STEEL CO./REPUBLIC ENGINEERED STEELS
(Cook County)

NPDES #IL0002593

INSPECTION DATE:

February 15, 1990

INTERVIEWED:

Michael J. Thomas, Envr. Coord.,
LTV Steel Co.
Patrick L. Monnot, SARA Coord.,
Republic Engineered Steels
Jerry Lasniewski, Crew Chief,
Republic Engineered Steels
Norm Szymanski, Lab Supervisor

INSPECTOR:

Dolfo Gonzalez, Jr., EPE, Maywood

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Introduction

On the above date, a Compliance Sampling Inspection was performed at the subject facility. In addition to the 3560-3 form, a DMR Summary, Facility Flow Diagram and Site Location are included.

Facility Description

LTV Steel Co. is a fully integrated steel mill at reduced activity. Remaining operations are confined to coke-making (and by-products) plus 11" hot forming mill and wire mill pickling and finishing. On Nov. 28, 1989, a portion of LTV Steel Co. was purchased by its employees and said new firm was labelled Republic Engineered Steel. Included in the acquisition were the 11" hot forming mill; storage and conditioning wire mill, pickling and finishing, associated pump house #1 and waste water treatment facilities (outfalls 001 & 002).

NPDES Related Items

Outfall 004 was the only active discharge for the reporting period Jan.-Dec. 1989. Permit limits were not exceeded per self-monitoring reports for above period. The facility's permit - issued on December 31, 1984 - expired on January 1, 1990. Draft Permits dated October 23/December 18, 1989 addressed - among other items - acquisition and modified monitoring of remaining outfalls. Recent public noticed permit (Dec. 18, 1989) indicated that outfall 004 ("non contact cooling water, storm water, and groundwater) would be monitored for pH, temperature, ammonia-nitrogen and total phenols.

Republic Engineered Steels was to obtain an NPDES permit for outfalls 001, 002 (003 and 005 were capped-off [per facility officials] in summer of '89).

Inspection Findings

Discharge was occurring from outfall 004 during period of inspection. Sample results (from grab) were within permit limits.

The coke plant laboratory was inspected for analysis performed on site (pH, temperature). Temperature readings are based on an NBS (Fisher) reference thermometer. pH measurement was being performed via a temperature compensated Fisher Accurate meter (standardized at pH 4 and 10). Lab water is demineralized via a Barmstead Sybren Corp. unit. pH meter calibrations are logged. Dates, times and exact locations were being recorded for samples collected. On site analysis include TSS and pH, but oil and grease determinations are performed in the Indiana lab.

As had been indicated in the previous inspection report (March 16, 1989), an "oil leak from coffer dam was causing a rainbow sheen along east branch of River." This problem was addressed by Republic Engineered Steels on March 23, 1990 when a similar situation occurred. Remedial steps included pinpointing source of leak and repair of coffer dam via underwater welding.

AG:bh:4850B



NPDES Compliance Inspection Report

Form Approved
OMB No. 2040-0003
Approval Expires 7-31-85

Section A: National Data System Coding

Transaction Code NPDES yr/mo/day Inspection Type Inspector Fac Type
1N 25 3110000259311 1290021517 185 195 2d2

Remarks

COMPLIANCE EVALUATION INSPECTION

Reserved Facility Evaluation Rating BI QA Reserved
67 69 703 71N 72N 73 74 75 80

Section B: Facility Data

Name and Location of Facility Inspected LTV Steel Co - Chicago Works		Entry Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM 9:00	Permit Effective Date 1/30/85
		Exit Time/Date 11:30 2/15/90	Permit Expiration Date 1/1/90
Name(s) of On-Site Representative(s) Mike Thomas LTV Steel Pat Monnot Republic Engr. Steel Jerry Lagniewski LTV Steel		Title(s) Envr. Coord. SARA Coord. Crew Chief	Phone No(s) (214) 391-2578 (216) 438-5802
Name, Address or Responsible Official Mike Thomas		Title Envr. Coord.	
		Phone No. (214) 391-2578	Contacted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

<input checked="" type="checkbox"/> Permit	<input checked="" type="checkbox"/> Flow Measurement	<input checked="" type="checkbox"/> Pretreatment	<input checked="" type="checkbox"/> Operations & Maintenance
<input checked="" type="checkbox"/> Records/Reports	<input checked="" type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Compliance Schedules	<input checked="" type="checkbox"/> Sludge Disposal
<input checked="" type="checkbox"/> Facility Site Review	<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Self-Monitoring Program	<input checked="" type="checkbox"/> Other:

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

- 004 (only active outfall) meet permit limit requirement for period Jan-Dec '89.
- Outfalls 001, 002 belong to Republic Engineered Steel since Nov 23, 1989. said Company needs an NPDES permit for same outfalls
- Oil leak from coffer dam to River, was to be repaired permanently

Name(s) and Signature(s) of Inspector(s) Adolfo Gonzalez Jr	Agency/Office/Telephone IEPA/Maywood/345-9780 (708)	Date Feb 15, 1990
Signature of Reviewer	Agency/Office	Date
Regulatory Office Use Only		
Action Taken	Date	Compliance Status <input type="checkbox"/> Noncompliance <input type="checkbox"/> Compliance

Sections F thru L: Complete on all inspections, as appropriate. N/A = Not Applicable		PERMIT NO. TL0002593
SECTION F - Facility and Permit Background		
ADDRESS OF PERMITTEE IF DIFFERENT FROM FACILITY (Including City, County and ZIP code) LTV Steel Corp 3100 E. 45th ST Cleveland, Ohio 44125	DATE OF LAST PREVIOUS INVESTIGATION BY EPA/STATE <div style="text-align: right; font-size: 1.2em;">3/16/99</div> <div style="text-align: right; font-size: 1.2em;">XST</div>	
FINDINGS DMR compliance, but other items addressed - NON - none - Start Permit		
SECTION G - Records and Reports		
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A (Further explanation attached _____)		
DETAILS:		
(a) ADEQUATE RECORDS MAINTAINED OF:		
(i) SAMPLING DATE, TIME, EXACT LOCATION	004; pH, Temp, FOG	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(ii) ANALYSES DATES, TIMES	pH, T	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(iii) INDIVIDUAL PERFORMING ANALYSIS		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(iv) ANALYTICAL METHODS/TECHNIQUES USED		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(v) ANALYTICAL RESULTS (e.g., consistent with self-monitoring report data)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(b) MONITORING RECORDS (e.g., flow, pH, D.O., etc.) MAINTAINED FOR A MINIMUM OF THREE YEARS INCLUDING ALL ORIGINAL STRIP CHART RECORDINGS (e.g. continuous monitoring instrumentation, calibration and maintenance records).		
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(c) LAB EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS KEPT.		
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(d) FACILITY OPERATING RECORDS KEPT INCLUDING OPERATING LOGS FOR EACH TREATMENT UNIT.		
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(e) QUALITY ASSURANCE RECORDS KEPT.		
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(f) RECORDS MAINTAINED OF MAJOR CONTRIBUTING INDUSTRIES (and their compliance status) USING PUBLICLY OWNED TREATMENT WORKS.		
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
SECTION H - Permit Verification		
INSPECTION OBSERVATIONS VERIFY THE PERMIT. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A (Further explanation attached _____)		
DETAILS:		
(a) CORRECT NAME AND MAILING ADDRESS OF PERMITTEE.		
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
(b) FACILITY IS AS DESCRIBED IN PERMIT.		
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(c) PRINCIPAL PRODUCT(S) AND PRODUCTION RATES CONFORM WITH THOSE SET FORTH IN PERMIT APPLICATION.		
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
(d) TREATMENT PROCESSES ARE AS DESCRIBED IN PERMIT APPLICATION.		
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(e) NOTIFICATION GIVEN TO EPA/STATE OF NEW, DIFFERENT OR INCREASED DISCHARGES.		
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(f) ACCURATE RECORDS OF RAW WATER VOLUME MAINTAINED.		
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(g) NUMBER AND LOCATION OF DISCHARGE POINTS ARE AS DESCRIBED IN PERMIT.		
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(h) CORRECT NAME AND LOCATION OF RECEIVING WATERS.		
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(i) ALL DISCHARGES ARE PERMITTED.		
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
SECTION I - Operation and Maintenance		
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A (Further explanation attached _____)		
DETAILS:		
(a) STANDBY POWER OR OTHER EQUIVALENT PROVISIONS PROVIDED.		
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(b) ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE.		
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
(c) REPORTS ON ALTERNATE SOURCE OF POWER SENT TO EPA/STATE AS REQUIRED BY PERMIT.		
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
(d) SLUDGES AND SOLIDS ADEQUATELY DISPOSED.		
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
(e) ALL TREATMENT UNITS IN SERVICE.		
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
(f) CONSULTING ENGINEER RETAINED OR AVAILABLE FOR CONSULTATION ON OPERATION AND MAINTENANCE PROBLEMS.		
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(g) QUALIFIED OPERATING STAFF PROVIDED.		
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(h) ESTABLISHED PROCEDURES AVAILABLE FOR TRAINING NEW OPERATORS.		
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
(i) FILES MAINTAINED ON SPARE PARTS INVENTORY, MAJOR EQUIPMENT SPECIFICATIONS, AND PARTS AND EQUIPMENT SUPPLIERS.		
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
(j) INSTRUCTIONS FILES KEPT FOR OPERATION AND MAINTENANCE OF EACH ITEM OF MAJOR EQUIPMENT.		
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(k) OPERATION AND MAINTENANCE MANUAL MAINTAINED.		
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(l) SPCC PLAN AVAILABLE.		
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
(m) REGULATORY AGENCY NOTIFIED OF BY PASSING. (Date: _____)		
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
(n) ANY BY-PASSING SINCE LAST INSPECTION.		
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
(o) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS EXPERIENCED.		
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A

2/15/90

LTV Steel

CSL

Form Approved
OMB No. 158-R01

PERMIT NO.

110002593

SECTION J - Compliance Schedules

PERMITTEE IS MEETING COMPLIANCE SCHEDULE.

☐ YES☐ NO☒ N/A

(Further explanation attached _____)

CHECK APPROPRIATE PHASE(S):

- ☐ (a) THE PERMITTEE HAS OBTAINED THE NECESSARY APPROVALS FROM THE APPROPRIATE AUTHORITIES TO BEGIN CONSTRUCTION.
- ☐ (b) PROPER ARRANGEMENT HAS BEEN MADE FOR FINANCING (mortgage commitments, grants, etc.).
- ☐ (c) CONTRACTS FOR ENGINEERING SERVICES HAVE BEEN EXECUTED.
- ☐ (d) DESIGN PLANS AND SPECIFICATIONS HAVE BEEN COMPLETED.
- ☐ (e) CONSTRUCTION HAS COMMENCED.
- ☐ (f) CONSTRUCTION AND/OR EQUIPMENT ACQUISITION IS ON SCHEDULE.
- ☐ (g) CONSTRUCTION HAS BEEN COMPLETED.
- ☐ (h) START-UP HAS COMMENCED.
- ☐ (i) THE PERMITTEE HAS REQUESTED AN EXTENSION OF TIME.

SECTION K - Self-Monitoring Program

Part 1 - Flow measurement (Further explanation attached _____)

PERMITTEE FLOW MEASUREMENT MEETS THE REQUIREMENTS AND INTENT OF THE PERMIT. DETAILS.

☒ YES☐ NO☐ N/A

(a) PRIMARY MEASURING DEVICE PROPERLY INSTALLED.

☐ YES☐ NO☒ N/ATYPE OF DEVICE: ☐ WEIR ☐ PARSHALL FLUME ☐ MAGMETER ☐ VENTURI METER ☐ OTHER (Specify _____)

(b) CALIBRATION FREQUENCY ADEQUATE. (Date of last calibration _____)

☐ YES☐ NO☒ N/A

(c) PRIMARY FLOW MEASURING DEVICE PROPERLY OPERATED AND MAINTAINED.

☐ YES☐ NO☒ N/A

(d) SECONDARY INSTRUMENTS (totalizers, recorders, etc.) PROPERLY OPERATED AND MAINTAINED.

☐ YES☐ NO☒ N/A

(e) FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGES OF FLOW RATES.

☐ YES☐ NO☒ N/A

Part 2 - Sampling (Further explanation attached _____)

PERMITTEE SAMPLING MEETS THE REQUIREMENTS AND INTENT OF THE PERMIT. DETAILS.

☒ YES☐ NO☐ N/A

(a) LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES.

☒ YES☐ NO☐ N/A

(b) PARAMETERS AND SAMPLING FREQUENCY AGREE WITH PERMIT.

☒ YES☐ NO☐ N/A

(c) PERMITTEE IS USING METHOD OF SAMPLE COLLECTION REQUIRED BY PERMIT.

☒ YES☐ NO☐ N/AIF NO ☐ GRAB ☐ MANUAL COMPOSITE ☐ AUTOMATIC COMPOSITE FREQUENCY _____

(d) SAMPLE COLLECTION PROCEDURES ARE ADEQUATE.

☒ YES☐ NO☐ N/A

(i) SAMPLES REFRIGERATED DURING COMPOSITING

☒ YES☐ NO☐ N/A

(ii) PROPER PRESERVATION TECHNIQUES USED

☒ YES☐ NO☐ N/A

(iii) FLOW PROPORTIONED SAMPLES OBTAINED WHERE REQUIRED BY PERMIT

☐ YES☐ NO☒ N/A

(iv) SAMPLE HOLDING TIMES PRIOR TO ANALYSES IN CONFORMANCE WITH 40 CFR 136.3

☒ YES☐ NO☐ N/A

(e) MONITORING AND ANALYSES BEING PERFORMED MORE FREQUENTLY THAN REQUIRED BY PERMIT.

☐ YES☒ NO☐ N/A

(f) IF (e) IS YES, RESULTS ARE REPORTED IN PERMITTEE'S SELF-MONITORING REPORT.

☐ YES☐ NO☒ N/A

Part 3 - Laboratory (Further explanation attached _____) COKE PLANT LAB

PERMITTEE LABORATORY PROCEDURES MEET THE REQUIREMENTS AND INTENT OF THE PERMIT. DETAILS.

☒ YES☐ NO☐ N/A

(a) EPA APPROVED ANALYTICAL TESTING PROCEDURES USED. (40 CFR 136.3) pH, T

☒ YES☐ NO☐ N/A

(b) IF ALTERNATE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED.

☐ YES☐ NO☒ N/A

(c) PARAMETERS OTHER THAN THOSE REQUIRED BY THE PERMIT ARE ANALYZED.

☐ YES☒ NO☐ N/A

(d) SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT.

☒ YES☐ NO☐ N/A

(e) QUALITY CONTROL PROCEDURES USED.

☒ YES☐ NO☐ N/A

(f) DUPLICATE SAMPLES ARE ANALYZED. _____ % OF TIME.

☐ YES☐ NO☒ N/A

(g) SPIKED SAMPLES ARE USED. _____ % OF TIME.

☐ YES☐ NO☒ N/A

(h) COMMERCIAL LABORATORY USED.

☐ YES☒ NO☐ N/A

(i) COMMERCIAL LABORATORY STATE CERTIFIED.

☐ YES☐ NO☒ N/A

LAB NAME _____

LAB ADDRESS _____

4/15/90

LTV Steel CSP

Form Approved
OMB No. 158-R0073

PERMIT NO.

1L000 2593

SECTION L - Effluent/Receiving Water Observations (Further explanation attached _____)

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOL	COLOR	OTHER
004	none	none	none	Trace	none	clear	—
Outfall	001, 002, 003, 005			inactive			
Culvert R111	none	none	much	none	none	greenish	—

(Sections M and N: Complete as appropriate for sampling inspections)

SECTION M - Sampling Inspection Procedures and Observations (Further explanation attached _____)

- ☒ GRAB SAMPLES OBTAINED
☐ COMPOSITE OBTAINED
☐ FLOW PROPORTIONED SAMPLE
☐ AUTOMATIC SAMPLER USED
☐ SAMPLE SPLIT WITH PERMITTEE
☒ CHAIN OF CUSTODY EMPLOYED
☐ SAMPLE OBTAINED FROM FACILITY SAMPLING DEVICE

COMPOSITING FREQUENCY

N/A

PRESERVATION

SAMPLE REFRIGERATED DURING COMPOSITING: ☐ YES ☐ NO

SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE _____

SECTION N - Analytical Results (Attach report if necessary)

C000539

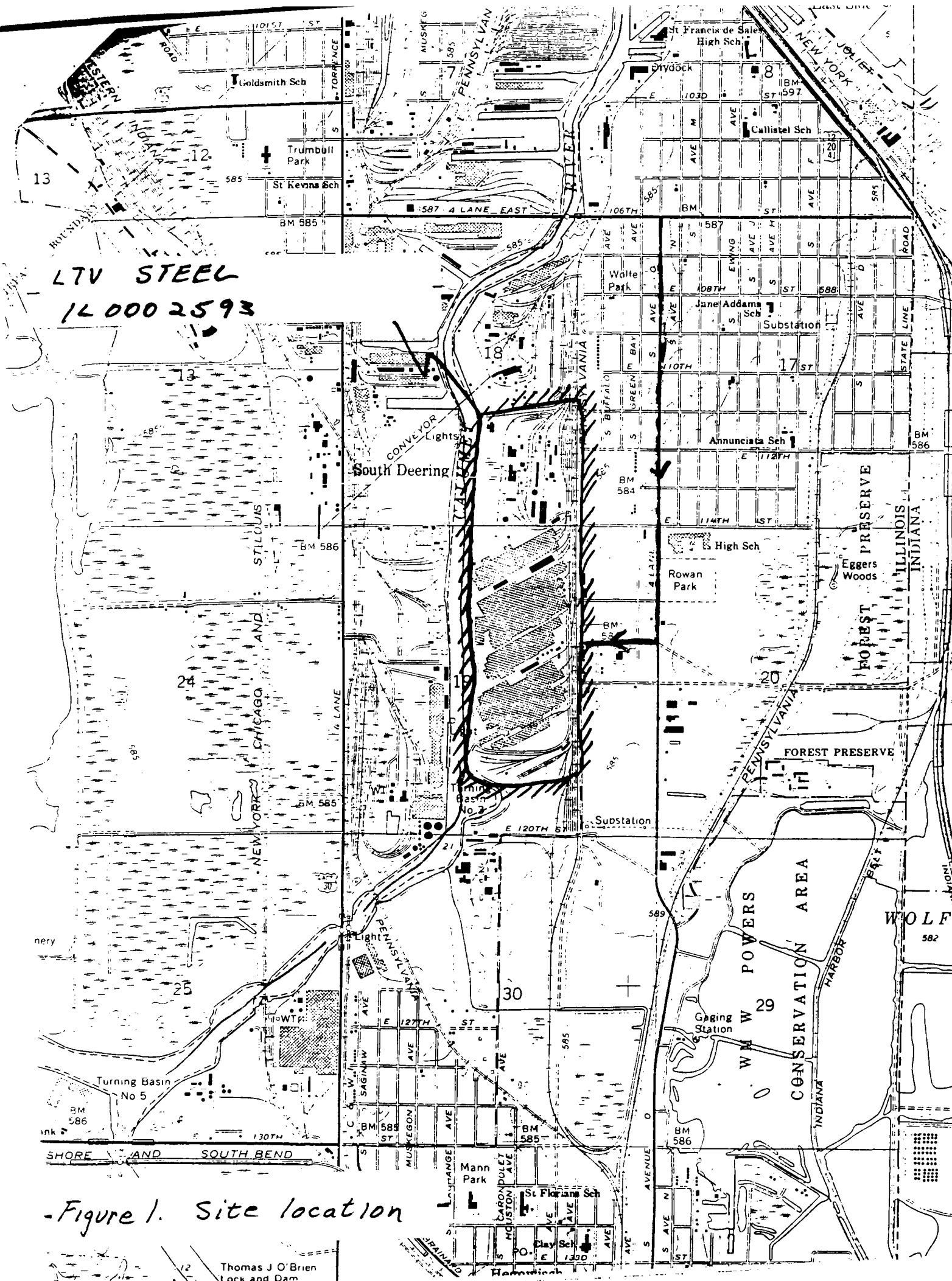
grab

BOD (mg/l) 4

TSS (mg/l) 15

pH 8.3

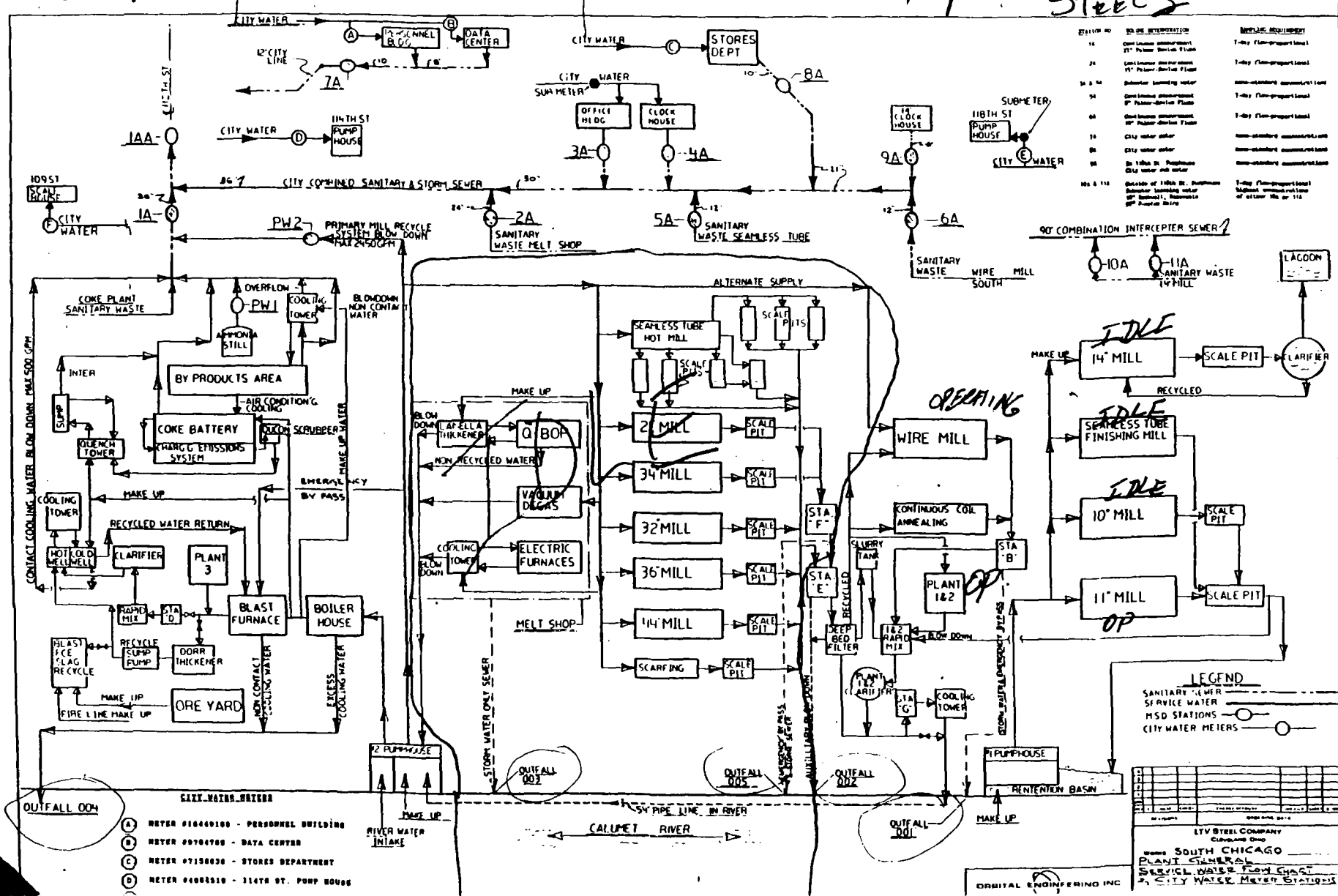
O&G (mg/l) 1



-Figure 1. Site location

WTV

REPUBLIC ENGINEERED
STEELS



FACILITY NAME: LTV Steel Co.

LOCATION:

NPDES# IL 100259

SAMPLING PERIOD FROM:

January 1989

TO: December 1989

COUNTY:

Cook

OUTFALL 004

FROM DMR's

MONTH

Flow
(MGD)

1 30

FOG
(mg/l)Temp
(°F)

6 4

pH
(S.U.S.)mo
AvgDaily
Maxmo
AvgDaily
Maxmo
AvgDaily
Max

min

max

Jan 1989

35 35

1 1

53 60

7.5 8.0

Feb

35 35

(2) (4)

47 50

7.4 8.2

March

35 35

1 2

56 65

7.2 8.0

April

35 35

1 1

64 68

7.4 8.0

May

35 35

2 4

75 78

7.0 8.7

June

35 35

2 3

82 92

7.2 7.8

July

35 35

2 5

80 92

7.5 8.3

Aug

35 35

2 3

87 90

7.8 8.7

Sept

35 35

1 1

80 82

7.8 8.6

Oct

35 35

1 2

84 83

7.8 8.3

Nov

35 35

2 7

64 66

7.8 8.3

Dec 1989

35 35

2 2

52 66

8.0 8.1

Average

35 35

2 2

69 74

7.6 8.2

C000539

Lab Sheet Color:

IEPA - DWPC - FOS - LAB SHEET

Field ID N

09-Funding Code: W P O C 10-Agency Routing: C G 12-File Code: E E E L 13-Sample Type15-Reporting: 8 16-DID: Basin 7 A A County 0 2 Plant 1 5 17-Sampling Program: 8 618-Facility/Sample Pt: L T V - T E E L19-Begin 9 0 0 2 1 5 20-Begin 1 1 0
Date: Y Y M M D D H H M

23-Instructions

to Lab: _____

21-Collected by: A G 22-Transported by: A G (24 hr. clock)

Composite Sample

Ending Date: 5 2 9 F 0

Y Y M M D D

Ending Time: 5 2 9 F 0H H M M
(24-hr. clock)

03-Lab Parameter Group: _____

Additional
Lab ParametersField
Parameters

Results

BOD

501FO

Air Temp (°C)

TSS

502FO

Water Temp (°C)

pH

504FO

Dissolved O₂

FDR

503FO

Conductance

500FO

pH

Comments & Unusual Conditions &
Severity: (If applicable, Stamp-
"No Visible Problem This Visit")

Remarks: _____

Sampling Techniques: grab

ail To:

27-Received By: _____ Date: _____

Y Y M M D D

Received by: _____ Date: _____

Y Y M M D D

Circle One: Effluent Stream Spec:
Influent Process Flows WW
Sludge Cooling Water OthProgram: WPC/FOSNPDES No: 760002593Receiving Stream Name: CalumetRiver

Receiving Stream Conditions (velocity, etc)

turbid greenishEffluent Conditions: clear, somesolidsWeather Conditions: 30 °F CloudRECEIVED
APR 17 1990
Environmental Protection Agency
STATE OF ILLINOIS

MAR 16 1990

FOR LABORATORY USE ONLY

LAB ID NO.

C000539

Sample Received By: J.P. BanksDate Received: 2-15-90Time Received: AM 1:00 PMLab Section: Reg.Supervisor: James Daugherty MAR 15 1990

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

SAMPLE NUMBER : C000539
SAMPLING POINT DESC. : LTV STEEL

SUBMITTING SOURCE # : HAA 03215 SITE # :
DATE COLLECTED : 900215 TIME COLLECTED : 1105 SAMPLING PROGRAM : M6

COLLECTED BY : AG DELIVERED BY : AG

COMMENTS :

FUNDING CODE : WPU6 AGENCY ROUTING : CG UNIT CODE :
SAM TYPE CODE : EFFL SAMPLE PURPOSE CODE : A REPORTING INDICATOR : B

DATE RECEIVED : 900215 TIME RECEIVED : 1300 RECEIVED BY : LJP

LAB OBSERVATIONS : TRIP 3L SAM# :

SUPERVISORS INITIALS : JWD NOTE : K = LESS THAN VALUE

P00403 PH-LABORATORY	UNITS : 1.5	P00510 300 5DAY	MG/L : 4
P00530 SOLIDS/TOT.SUS.	MG/L : 15	P00556 OIL/GRAVIMETRIC	MG/L : 1

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APR 17 1990
Environmental Protection Agency
STATE OF ILLINOIS

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AGENCY
MAR 16 1990
OPERATIONS SECTION - REG 1